



APPLICATION: FOR RECIPROCITY OF A WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER OR CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFO) OPERATOR CERTIFICATE

PART A - INSTRUCTIONS TO APPLICANT

1. Please print in ink or type. Give complete and detailed answers. you will be credited only with drinking water treatment, distribution, wastewater and CAFO related education and experience shown in this application. If more space is needed, attach additional sheets or a resume. Be sure and list all DRINKING WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER AND CAFO experience regardless of which certificate examination you are applying for.
2. Complete a separate application for each reciprocated certificate that you are applying for.
3. Payment should be made by check or money order payable to: Department of Natural Resources. No cash will be accepted.
4. The applicant must sign and date the original application and submit fee to the address listed below. Incomplete applications will be returned.
5. Attach a copy of your certificate from the home state or other issuing authority that you are asking to be considered for reciprocity.
6. The issuing authority for the certificate type and level you now hold must have requirements for examination, education and experience equal to or more stringent than the requirements for a Missouri certificate of equal classification.
7. You **must** obtain employment with a Missouri facility appropriate to the type of certificate sought prior to receiving reciprocity.
8. The completed original application must be returned to the following address: Missouri Department of Natural Resources, Receipts and Reporting, PO Box 477, Jefferson City, MO 65102-0477.

SPECIFIC INSTRUCTIONS BASED ON CERTIFICATE TYPE - READ CAREFULLY

9. **Wastewater Certificates:** You must make application for reciprocity within one hundred twenty (120) days after beginning employment at a Missouri wastewater system. A forty dollar (\$40.00) fee must accompany the application. If as a result of the application review it is found that a certificate can be issued then you will be invoiced for an additional twenty-five dollar (\$25.00) certificate fee.
10. **Drinking Water Treatment and Distribution Certificates:** You must make application for reciprocity within one hundred eighty (180) days after beginning employment at a Missouri drinking water system. A sixty five dollar (\$65.00) fee must accompany the application.
11. **Concentrated Animal Feeding Operations, Waste Management (CAFO) Certificates:** You must make application for reciprocity within one hundred and eighty (180) days after beginning employment at a Missouri CAFO system. A forty dollar (\$40.00) fee must accompany the application. If as a result of the application review it is found that a certificate can be issued then you will be invoiced for an additional twenty five dollar (\$25.00) certificate fee.

PART B - GENERAL (PLEASE PRINT)

12. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	13. FIRST NAME	14. MIDDLE INITIAL	15. LAST NAME	
16. HOME ADDRESS (STREET OR P.O. BOX NUMBER)		17. CITY		18. STATE
				19. ZIP CODE
20. SOCIAL SECURITY NUMBER		21. HOME TELEPHONE NUMBER ()		22. PRESENT CERTIFICATION NUMBER

PART C - CERTIFICATION TYPE

23. SELECT CERTIFICATION TYPE SOUGHT (CHECK ONE ONLY)

☐ DRINKING WATER TREATMENT

☐ WASTEWATER TREATMENT

☐ DRINKING WATER DISTRIBUTION

☐ CONCENTRATED ANIMAL FEEDING OPERATIONS

24. HAVE YOU EVER HAD AN OPERATOR CERTIFICATE REVOKED OR SUSPENDED?

☐ YES ☐ NO

IF YES, GIVE DATE AND NAME OF CERTIFYING AUTHORITY ►

DECLARATION OF AGE ELIGIBILITY

25.
☐ I CERTIFY THAT I AM AT LEAST SIXTEEN (16) YEARS OF AGE (FOR WASTEWATER TREATMENT APPLICANTS ONLY)

26.
☐ I CERTIFY THAT I AM AT LEAST EIGHTEEN (18) YEARS OF AGE (FOR DRINKING WATER AND CAFO APPLICANTS ONLY)

HIGH SCHOOL

27. COMPLETED HIGH SCHOOL DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO		28. GED <input type="checkbox"/> YES <input type="checkbox"/> NO
29. HIGH SCHOOL NAME	30. YEAR GRADUATED	31. LOCATION

METHOD OF PAYMENT

☐ CHECK OR MONEY ORDER ENCLOSED (NO CASH)

☐ BILL MY (CHECK ONE):

☐ MASTER CARD

☐ VISA

CARD NUMBER	EXPIRATION DATE
SIGNATURE AS IT APPEARS ON CARD	

NOTE: TO ASSURE THIS APPLICATION IS MAILED ON TIME IT IS RECOMMENDED THAT YOU MAIL IT YOURSELF.

EDUCATION (ATTACH TRANSCRIPTS, CERTIFICATES OF COMPLETION OR OTHER PROOF OF ATTENDANCE)

32. MULTI-DAY, WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER AND CAFO SHORT COURSES AND HOME STUDY COURSES

COURSE TITLE	LOCATION	STARTING DATE	ENDING DATE	MO. COURSE APPROVAL NO.	HOURS

33. OTHER TRAINING (TRADE OR VOCATION SCHOOL, MILITARY, ETC.)

SCHOOL NAME	LOCATION	STARTING DATE	ENDING DATE	SUBJECTS	HOURS

34. COLLEGE/UNIVERSITY

SCHOOL NAME	LOCATION	DEGREE TYPE	MAJOR	DATE RECEIVED

35. ☐ I HAVE ATTACHED A COPY OF MY TRANSCRIPT OR CERTIFICATE OF COMPLETION FOR EACH SCHOOL.

EMPLOYMENT HISTORY

36. DESCRIBE IN CHRONOLOGICAL ORDER, BEGINNING WITH THE MOST RECENT, THE DUTIES AND RESPONSIBILITIES OF POSITIONS YOU HAVE HELD IN THE DRINKING WATER TREATMENT, DISTRIBUTION, WASTEWATER AND CAFO. BE SPECIFIC IN DESCRIBING DUTIES PERFORMED. ATTACH RESUME OR ADDITIONAL SHEET IF DESIRED.

EMPLOYER'S NAME		DUTIES SHOW THE % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT.	
EMPLOYER'S ADDRESS			
CITY, STATE, ZIP CODE			
FROM: MO/DAY/YEAR	TO: MO/DAY/YEAR		
HOURS PER WEEK	TELEPHONE ()		
JOB POSITION/TITLE	NO. OF EMPLOYEES YOU SUPERVISE		
YOUR SUPERVISOR'S NAME	YOUR SUPERVISOR'S TITLE		

37. EMPLOYER'S NAME		DUTIES SHOW THE % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT.	
EMPLOYER'S ADDRESS			
CITY, STATE, ZIP CODE			
FROM: MO/DAY/YEAR	TO: MO/DAY/YEAR		
HOURS PER WEEK	TELEPHONE ()		
JOB POSITION/TITLE	NO. OF EMPLOYEES YOU SUPERVISE		
YOUR SUPERVISOR'S NAME	YOUR SUPERVISOR'S TITLE		

OPERATOR PLEASE READ AND SIGN

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information give by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification or fact, this application will be rejected and my Missouri certification revoked.

SIGNATURE	DATE

REMINDER: Make check or money order to: Missouri Department of Natural Resources. Be sure to sign, date and include fee and mail to: Missouri Department of Natural Resources Receipts and Reporting, PO Box 477, Jefferson City, MO 65102-0477.

DEPARTMENT OF NATURAL RESOURCES OFFICE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE)

AMOUNT RECEIVED	RECEIVED BY	DATE RECEIVED
CERTIFICATE LEVEL ISSUED	CERTIFICATION NUMBER	
DATE ISSUED	RENEWAL DATE	
ISSUED BY		

MO 780-1091 (7-04)

RECEIPTS AND REPORTING - RECIPROCITY FEE

AMOUNT RECEIVED	RECEIVED BY	CHECK NUMBER	DATE RECEIVED
CHECK THE APPROPRIATE ACCOUNT			
<input type="checkbox"/> DRINKING WATER:			
<input type="checkbox"/> WASTEWATER & CAFO:			